



Fiscal Edit Criteria Proposal

Drug/Drug Class: **Non-Oral Contraceptive Fiscal Edit**
Date: **January 25, 2012**
Prepared for:
Prepared by: **MO HealthNet**

☒ **New Criteria**

☐ **Revision of Existing Criteria**

Executive Summary

Purpose: To review and establish the appropriate approval criteria to prevent duplication of non-oral contraceptive products.

Why was this Issue Selected: Non-oral contraceptive agents include intrauterine devices (hormone-containing and copper-containing), transdermal patches, long-acting intramuscular injections, vaginal rings, and diaphragm devices. These options of birth control are largely safe and effective, with most products offering the patient the convenience of continuous contraception without the need for daily pills. Because of the long-acting nature of these products, MO HealthNet has discovered the need to monitor utilization of claims for these items to prevent duplication of claims from the various providers involved in the patient's care.

Setting & Population: All Female Patients

| Program-specific information: | Drug | Claims | Expense |
|--------------------------------------|---------------------------|-------------------------|----------------|
| | • Non-Oral Contraceptives | 56,240 (01/10-12/10) | \$13,335,215 |

Type of
Criteria:

- ☐ Increased risk of ADE
☐ Appropriate Indications

- ☐ Non-Preferred Agent
☒ Other:

Data Sources:

☐ Only administrative
databases

☒ Databases + Prescriber-
supplied

Setting & Population

- Age range: All Female Patients
- Gender: Females

Approval Criteria

- Patient is female
- Current claim does not exceed the approved frequency
 - See Appendix A

Denial Criteria

- Lack of approval criteria

Required Documentation

Laboratory results: ☐
MedWatch form: ☐

Progress notes:

☐
☐

Disposition of Edit

- **Denial:** Edit 681 "Fiscal Edit"

References

1. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2011.
2. Facts and Comparisons; 2011.
3. USPDI, Micromedex, 2011.

Appendix A

| Brand Name | Generic Name | Frequency Limitation |
|-----------------------|-------------------------------------|----------------------|
| Depo-Provera Syringe | Medroxyprogesterone Acetate Syringe | Once per 90 days |
| Depo-Provera Vial | Medroxyprogesterone Acetate Vial | Once per 90 days |
| Depo-Provera 104 SubQ | Medroxyprogesterone Acetate Syringe | Once per 90 days |
| Ortho Evra Patch | Ethinyl Estradiol/Norelgestromin | Once per 30 days |
| Nuvaring Vaginal Ring | Etonogestrel/Ethinyl Estradiol | Once per 30 days |
| Implanon Implant | Etonogestrel | Once every 3 years |
| Diaphragm(s) | Coil/Flat Spring/Arc-Spring | Once per year |
| Femcap Cervical Cap | Cervical Cap | Once per year |
| Mirena IUD System | Levonorgestrel | Once every 5 years |
| Paragard T IUD | Intra-Uterine Device | Once every 10 years |